

TRUST Matters

Issue 51 • September 2010

• Contact us at: membership@smhp.nhs.uk • online: www.smhp.nhs.uk/trustmatters

Consultation explores Norfolk merger proposal

A public consultation is under way into the proposal to merge Suffolk Mental Health Partnership NHS Trust with Norfolk and Waveney Mental Health NHS Foundation Trust. The consultation runs until 31 October 2010 and there is a link to an online survey from the www.smhp.nhs.uk homepage.

Some staff have asked where headquarters could be if the merger goes ahead – the answer is that we simply don't know at the moment.

We will be drawing up a number of criteria before looking at potential options, but we

will keep you informed.

Look out for leaflets about the merger with your September payslips!

And if your team would like a presentation about the merger, then please call Robert Nesbitt on 01473 329477 or

robert.nesbitt@smhp.nhs.uk

We have tried to be realistic in our communications regarding the merger, but we have had feedback that sometimes this has been too optimistic.

We will try to address these concerns and maintain a useful balance in future messages and welcome your feedback.

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Chief executive Mark Halladay (centre) can only watch as Parham team's Luke Upson (right) sends a ball towards the waiting goal

Football tournament breaks down barriers

Staff and service users took to the St Clement's Hospital football pitch as part of a health and wellbeing event to combat the stigma of mental ill health.

Technical instructor Mark Beardmore and volunteer Warner Duff organised the football contest with technical instructor Andy Harding and modernisation office assistant Chris Crisell.

Twenty-four teams took part in the tournament. Team trophy winners were Kier B and Ipswich Town DFC. The Albert Caracciolo Shield for Fair Play was won by the female team Dangerous Divas. Referees were provided by Ipswich Town FC.

Nursing strategy promotes wellbeing and integration

Nursing staff and service users are at the heart of a Trust strategy to boost care in learning disability services. The strategy is aimed at supporting the wellbeing and social inclusion of people with learning disabilities.

It was launched at the Kesgrave Conference Centre.

Paula Clarke, associate director for learning disability services, opened the event. Bob Bolas, director of nursing, then spoke to an audience of nurses, members of the multi-disciplinary team, managers, advocates, educational partners, service director Daren Clark and chief executive Mark Halladay.

There were case studies discussed in three groups during the afternoon to

highlight the diverse role of the learning disability nurse.

Presentation boards were also on display showing photographs depicting the changing role of the learning disability nurse in days gone by.

Paula Clarke said: "Overall, the strategy aims to improve patient safety and the patient experience, staff wellbeing and efficiency of care."

People with learning disabilities often have very complex physical and mental health needs, and the new strategy will provide nurses with the training and support they need.

Nurses are also being encouraged to adopt modern ways of working – with greater emphasis on leadership, quality

and standards - to improve care based on the service users' needs.

Paula added: "This new document defines priorities that are about people rather than policies, and outcomes rather than systems."

The strategy sets out priorities for 2010 to 2013, including:

- Ensuring compliance with Care Quality Commission quality and safety standards,
- Creating an education and development plan for nurses linked to the model of care, services development and personal development plans,
- Training in the role of care coordinator, and
- Releasing more time away from systems for direct patient care.

Your opinions help shape how Trust communicates

The Trust communications team hosted the inaugural Staff Opinion Group last month.

The group, which brings together clinical and non-clinical staff from all areas of the Trust, is chance for staff to give feedback to corporate services about the issues that are affecting them.

The aim behind the group is to improve the ways we communicate in the Trust, from supervision and team meetings, to Trust Matters and global emails.

By discussing new or existing projects and concerns the communications team is gaining invaluable advice and opinions from staff.

Head of communications Nicola Brown said: "Feedback is absolutely essential – it keeps us in touch with how people are feeling and how messages have been received. It lets us know what we do well and what we need to improve in the way of communications. The new group is a good sounding board for ideas and keeps us focussed on what matters to staff."

The first group identified the cost improvement plan, the potential merger and the eventual move off the St Clement's site as key issues. Key words that came out of the session were honesty, openness and transparency. The next Staff Opinion Group is on Tuesday 23 November at 10am and is open to staff from all service lines. If you are interested in joining the group contact Nicola Brown on 01473 329797.

Pre-employment health questionnaires

On 1 October 2010 section 60 of the Equality Act 2010 will come into force. This will make questions about the health status of an individual at the pre-employment stage of appointment illegal. This will have a direct impact on the way the NHS uses pre-employment health questionnaires.

Research commissioned by NHS Plus has shown that there is no evidence to suggest that using pre-employment health questionnaires identifies those who might potentially compromise patient safety.

To ensure that trusts comply with the terms of the Equality Act 2010 the Department of Health has commissioned NHS Employers and NHS Plus to put in place a system for maintaining patient safety in relation to staff health. This will replace the existing questionnaire from 1 October 2010. We will keep you updated.

The recruitment team

Consider how tattoos may be perceived – and cover up!

It has come to our attention that some of the explicit tattoos worn by staff are rather worrying for patients when they are very unwell.

We do appreciate the need people have for self expression but we are concerned that pictures of dragons, knives, skulls, etc. can be observed by patients that are unwell as frightening and symbolic. Please can staff adhere to the dress policy and keep these tattoos covered up while on duty. If patients, family carers or

members of staff have found tattoos worrying SUF would like to hear from you.

*Contributed by Suffolk User Forum
East - 01473 329316 / West - 01284
713000 ext 2316*

Please note that section 5.1.9 of the Trust's dress code policy says "Those [tattoos/body art] which may be seen as provocative or which may be misinterpreted should be covered whilst at work."

The full policy is on the public website.

New questionnaire on ePEX measures patient outcomes

A new service user questionnaire has been introduced across the Trust and is available on ePEX.

The questionnaire should be completed by all adult and later life patients at initial referral, every six months at CPA review and on discharge.

The EuroQoL-5D form is a research-based patient reported outcome measure or PROM and will help the Trust meet its performance target that 80% of patients should have a recovery metric by the end of March 2011.

The Trust compared the EQ-5D form with the Mental Health Recovery Star and decided to use the shorter, simpler EQ-5D.

EQ-5D covers mobility, self-care, usual activities, pain/discomfort and

anxiety/depression.

Each is scored on three levels: no problem, some problems or severe problems.

The service user is then asked to complete a final question which records a self-rated overall health score on a scale of 0 to 100.

The form takes just a couple of minutes to complete. It has been piloted by the Redwald Day Treatment Service where it is already showing patients' progress following intervention.

Jackie Carman, Redwald team leader, said: "The form is really easy to fit in at the beginning of admission to day treatment and at the end of a stay. It is already giving good data on people's progress."



National director visits Trust

Surinder Sharma, the national director for equality and human rights, visited Suffolk Mental Health Partnership NHS Trust to talk about the Trust's commitment to equality, the Human Rights Act and the forthcoming Duty to Equality Act 2010.

Mr Sharma praised the work of Sujata Gathani, the Trust's head of equality and engagement, and the way she has placed equality issues firmly on the Trust's agenda.

All teams with the Trust have completed equality impact assessments, which require them to think how to make their services equally accessible to all client groups and staff groups. Thinking about how people from different communities, backgrounds or abilities access services has led to improvements.

He said: "What the Trust now needs to do it to take equality and human rights considerations forward and embed them with the business plan and the Quality agenda."



From left: Non-executive director lead for equality John Hume, HR director Kate Coplestone, Sujata Gathani, non-executive director Gary Norgate (rear), Surinder Sharma, chief executive Mark Halladay, Lord Tony Newton

Trust chairman Lord Tony Newton said: "This was an excellent presentation which has renewed the board's commitment to equality and human rights and confirmed those areas where we are on the right track."

Giving psychosis a voice

**'Excellent' 'Thought-provoking'
'First class speakers' 'Fantastic'
'A wonderful learning experience'**

These are just some of the many positive comments received about the Giving Psychosis a Voice conference held on 5 July. Hosted by the Trust in partnership with the University Campus Suffolk at the Waterfront building the day proved a great success. It blended a mix of speakers drawing on their own experiences, research knowledge and clinical practice.



Jacqui Dillon, Peter Bullimore and Eleanor Longden narrated moving and inspirational stories of their lives, and the ways they began to find meaning in their experiences, moving towards a process of recovery. They also discussed how hard it was to find, within services, opportunities to talk about their experiences of trauma and messages of real hope about their future.

International speaker John Read's talk titled The Psychosocial Causes of Psychosis urged the audience to consider the link between trauma and psychotic symptoms, and the growing evidence for a 'traumagenic developmental model'.

Paul Hutton provided a review of the some of the evidence that has informed prescribing practice over the last few years and how his latest work, that is about to be published, has re-appraised the evidence to support the use of atypical anti-psychotic medication. David Fowler presented the latest research in CBT for psychosis, and Isabel Clarke described an in-patient group for clients with psychosis. The final speaker Katherine Newman Taylor introduced Mindfulness and its application to voice hearing.

The conference organisers would like to thank all those who attended the day and completed the evaluation forms. The Trust has organised a training day on working with voices. There are plans for more dates for this with the possibility of running workshops led by experts by experience for staff and service users and we hope to be able to plan for another conference next year. See www.smhp.nhs.uk/conference for more information and feedback and evaluations from the day.



System will ensure we get paid for our services

Payment by Results – it's a term you'll be hearing a lot of in the coming months, but what does it mean for clinicians?

Whereas up until now we were given an amount of money and we provided a number of services, in the future we will be paid according to the work that we can evidence that we do. The evidence will come from completed HONOS (Health Of the Nation Outcome Scores) assessments for all mental health service users and then assigning those service users to one of 20 categories, or

'clusters'. The clusters reflect the severity of illness (but not on a scale) and the amount of care and treatment that the person may need.

They could stay in one cluster, or move around them depending on their own circumstances.

This is why it is important that clinicians complete the HONOS assessments for their clients - quite simply, it's the way we ensure we get paid for the work that we do.

The Trusts is holding 'train the trainer'

sessions for service line representatives on 22 and 23 September. Those being trained will be able to deliver training back within their own teams. There will also be reference materials on the intranet for teams to use

On 12 October, ePEX (the Trust's electronic patient record system) will be upgraded to take the PbR clusters into consideration.

The aim is for the Trust to be up and running on the new system by the end of October.

Centrepiece

A little more about DATIXWeb...

DATIXWeb, the new online system for reporting accidents and near-misses, is an evolving system, and we've been really pleased with the progress. We hope you've all heard from your line manager if you indicated on the form you'd like to receive feedback! However there have been one or two issues raised, which we have explained below:

Q Why in 'details' can't we put patient, staff, ward, hospital or pharmacy actual names?

This is because the National Patient Safety Agency use this data in the learning and for Caldicot reasons this data should be anonymised as follows: use client (if several, client 1 or client 2, etc), staff member, named ward, named hospital, named pharmacy, etc.

Q Why do we have to detail PMA (Prevention and Management of Aggression) positions?

The Trust needs to know how the patient was restrained and that the training provided to staff is effective and maintained. You simply need to put staff members' initials and the body part that

was held in full (for example, AN – right arm) then place full names of PMA team in employees links.

Q Have I linked the employee and patient correctly?

Client is generally the perpetrator and not the victim. Even if wounds are self inflicted the client has done this to themselves. Sometimes staff members are victims, but unless they were hurt they are witnesses.

Q Why can't I make changes after I send?

The risk management team review all entries and ensure investigations are reflective of the level of the event. Before you complete the form please make use of the spell checks underneath the relevant items which have been completed (spell check is indicated by an ABC with a tick beside it).

Lastly, you'll notice we have changed the equipment question line to 'Equipment?'. Tick this box only if medical equipment was involved, such as a hoist, electric bed, etc.

New policies and procedures

The Trust has new agreed policies and strategies, as below.

If you'd like to have your say about policies under consultation, then you'll find them on the intranet under [Find>A policy>Policies and guidelines under consultation](#)

Clinical policies:

CL04 – Transfer of Responsibility of Care

between CAMHS, AMH/LD Services
CL23 – Detained Patients Leave of Absence
CL26 – Disclosure and Search
CL44 – Clinical Audit Policy

Strategies:

Clinical Audit Strategy
NHS Numbers Strategy
NHS Numbers Procedure

Eyecare voucher scheme for staff who use screens

The Trust has eye examination vouchers for those who use visual display units (VDUs).

This voucher entitles the VDU user a free eye and eyesight test. If the optometrist identifies a need for corrective lenses for mid-field vision (500mm – 600 mm) in order to view a display screen, then the voucher will also permit the member of staff to receive the corrective lenses (glasses) from their £45 range, free of charge. Should the optometrist identify that corrective lenses are NOT required for the VDU use then the voucher will allow the member of staff to receive a £20 discount off the price of one pair of complete glasses, purchased from the £99 and above ranges.

Following your eye examination – a certificate of assessment for corrected lenses must be provided to Risk Management. (This is the tear off half from your voucher which will be returned to you at the time of your eye test).

To request your voucher please contact Jenny Hughes, risk management assistant, on 01473 329647.

Please ensure that eye examinations are booked when requesting a voucher, allowing reasonable time to arrange and post. Unused, expired or misplaced vouchers cannot be replaced.

National examples show fraud detection within the NHS

Wendy Boother, the Trust's Local Counter-Fraud Specialist (LCFS) would like to share the following examples of how the NHS tackles cases of fraud.

If you would like to speak to Wendy please call her on 01473 329631 or email wendy/boother@smhp.nhs.uk The national Fraud and Corruption Reporting Line is 0800 0284060.

Harrogate District Hospital kitchen porter sentenced for £87k NHS fraud

BS, 53, of Middlesbrough, who came to the UK on a student visa and was never entitled to work full time was sentenced to nine months' imprisonment, suspended

for two years, and 200 hours of unpaid community work. He got his job by falsely stating he was a South African national and didn't need a work permit.

University of Edge Hill graduate jailed for £27K NHS bursary fraud

CTM, 29, of Leeds, used forged papers to falsely obtain an NHS student bursary and was sentenced to eight months in jail. By the time she graduated from her three year, NHS-funded, Operating Department Practitioner course in 2009 she had defrauded the NHS of £27,700. Her deception was discovered during routine pre-employment checks.

Bristol intensive care ward worker jailed for £96k NHS fraud

KC, 44, of Bristol, was jailed for five months for defrauding his employer of over £96,000, following an exercise by the University Hospitals Bristol NHS Foundation Trust to check for staff fraud. He used an alias and false identity documents to obtain his position as a health support assistant. A counterfeit UK National Insurance number card and a counterfeit French National Identity Card were used. Therefore, every penny he subsequently received was fraudulently earned. The UK Border Agency also interviewed him.

Programme will oversee all cost improvement schemes

Although the Trust's financial position had improved by the end of month 4, there are still concerns about several cost improvement plans (CIPS) that have yet to have structure and substance put in place. Short term and non-recurrent under spending, which underpinned the July position, will not give the Trust the solid financial base it requires going forward.

With these shortcomings being evident a

Programme Management Office has been formed to oversee the whole process and will closely monitor progress. Real savings solutions are still required and you, your team and its management are key to solving this problem.

The PMO is led by associate directors Alex Briggs and Paula Clarke.

If you'd like to suggest an efficiency idea or contact Alex or Paula about current schemes, email PMO@smhp.nhs.uk

How one team saved time and improved care by being LEAN

Shorter waiting times and improvements in staff morale are just two of the benefits of LEAN, a new project that has been piloted by the Community Support Recovery Team (CSRT) West.

The new efficiency process has led to more clients being seen, more time being spent with clients and reduced travel costs.

LEAN is a process adapted from the manufacturing industry which strips out any unnecessary processes in a system, freeing up time for staff to focus on the core aspects of their work.

CRST takes referrals from other teams and inpatient services and gives treatment to people who needing longer term support.

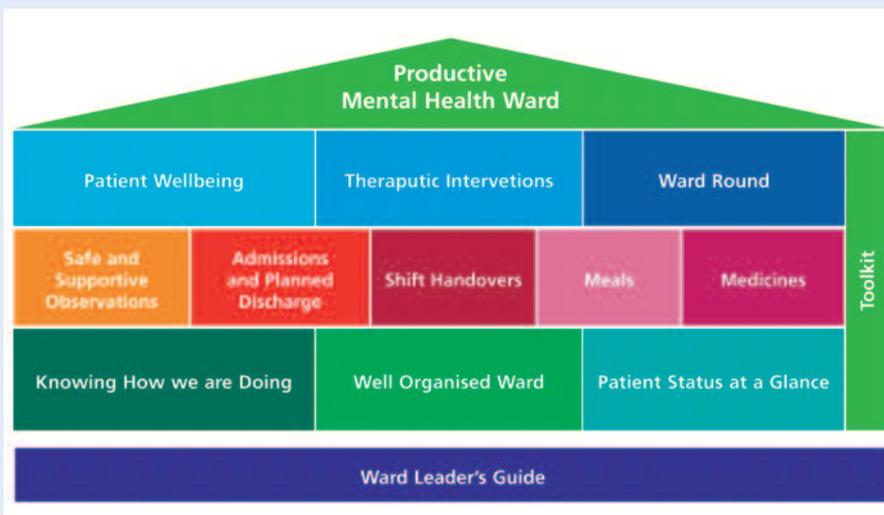
Team manager Rani Sidhu said: "LEAN has increased staff morale and allowed people to take ownership of their work. The process has been extremely positive and enlightening and has made us look closely even at established working practices. Whilst it has been hard work, we've achieved much through team effort."

The team gathered data on their processes, from making phone calls to form filling. Each was then categorised as either adding value to the service user, adding value to the business or not adding value.

Analysing their results, the team managed to reduce 60 steps in the client pathway to just 25, freeing time for more focussed patient care.

Rani added: "As a result of removing waste, we have reduced our paperwork and handover time from an hour to 35 minutes, clients are seen more quickly and there has been a smoother handover between teams. Another benefit was reduced travel time and mileage costs achieved by using circular routes to clients' homes when possible." As part of the LEAN project, the team identified several opportunities which included creating internal and external web pages and producing a client leaflet. The team also changed its name from its previous one of 'home support team' in order to reduce inappropriate referrals - the previous name was too similar to a county council service and the two were often confused.

LEAN is now being rolled out to the psychosis and dementia pathways and there is also a study into how LEAN can change and improve the e-PEX patient record system.



The Productive Ward focuses on improving ward processes and environments

Sharing best practice for productive wards project

Staff involved in the Productive Mental Health Ward project, which improves ward procedures to release more time for patient care, welcomed five nurses from North Essex Partnership NHS Foundation Trust (NEPFT) to see how the Trust was getting on with the scheme. The exchange visit followed on from a training trip made to NEPFT's Chelmsford HQ by Trust staff earlier in the year.

During the morning the visitors split into two groups to undertake ward visits at Bromeswell and Chillesford wards and Minsmere House in Ipswich and at Westgate ward at Wedgwood House in Bury St Edmunds.

The visitors were able to see the changes made to the ward environments since they started the initiative last year. These wards have completed the foundation modules and have now started working through modules such as medicines, meals and observations.

During the afternoon the visitors convened with ward managers, modern matrons, project manager Sue Hudson and executive lead Bob Bolas.

Presentations were given and discussions held where both NEPFT and Trust staff shared their experiences of the Productive Mental Health Ward initiative. They looked at what had worked well for the teams and shared stories of success while also providing shared learning for problem solving of issues which required support. Staff from both Trusts felt that the day enabled positive networking and shared ideas for implementation. A return visit to NEPFT is planned.

Programme updates:

Northgate and Southgate wards in Bury St Edmunds have started Phase 2 of the project and are well underway with the foundation modules. They are displaying information about ward performance as part of the 'knowing how we are doing' modules and have also started the 'well organised ward' modules. Playford and Mistley wards in Ipswich have also undertaken training sessions and are gathering data for the 'knowing how we are doing' module and are planning roll out of the remaining foundation modules.

Make sure you know about the NHS number procedures

The NHS Number Strategy and NHS Number Procedures documents are now available on the intranet. It is essential that all staff take time to read these two documents, which outline:

- How to find and use the NHS Number
- Ways to promote the NHS Number to staff and service users
- Why the NHS Number is now the national identifier

A Trust audit will be carried out soon to ensure that staff are implementing the use of the NHS Number, as detailed in the two documents.

It is acknowledged that our clinical systems; ePEX, PC MIS, ILLY CarePath, JAC (dispensary system in pharmacy) and DATIX (risk management system) still have some outstanding NHS Number actions.

These actions are being addressed as clinical systems are required to be compliant to all NHS Number requirements.

The NHS Number End of Project Action Plan document, with all the outstanding actions, can be found on the intranet on the NHS Number page under [Projects>Informatics Work Programme>NHS Number](#)

Information governance

Information Governance ensures that personal information is handled legally, securely, efficiently and effectively, in order to deliver the best possible care. It additionally enables organisations to put in place a framework that brings together all of the requirements, standards and best practice that apply to the handling of information.

The Trust has recently taken its first steps towards improving how as a Trust we handle personal and corporate information. Chief executive Mark Halladay has signed up to The Personal Information Promise (see left) on behalf of the Trust. The ten point promise has been devised by the Information Commissioner's Office to make it easier for organisations to comply with the Data Protection Act.

To support the Promise, the Trust has recently approved a number of policies which includes the Removable Media and Acceptable Use policy. All devices that connect to a USB port must be encrypted. All users of unapproved devices will be contacted in due course, and recommended appropriate action. There are a number of policy and legal requirements that the Trust has to deliver to comply with NHS commissioner and the Department of Health standards. The Information Governance Toolkit (IGT) is an annual assessment tool that measures the Trusts performance against information governance requirements.



Crissy Webber, senior project manager is responsible for the completion of the IGT annual performance assessment 2010/11. Pseudonymisation (see below) is part of the assessment framework. As part of IGT, a new e-learning in Information Governance is now mandatory for all clinical staff or members of staff who use Trust PCs. If you have any questions about this, please contact the education and workforce development team on 01473 329300 or see the e-learning intranet page under 'Training'.

Data privacy is the responsibility of everyone in the Trust and everyone needs to know how to handle data securely and confidentially. It's up to all of us to look after information and keep it secure.

Personal information promise

The Trust has signed up to the following information promise:

I, on behalf of Suffolk Mental Health Partnership NHS Trust, promise that we will:

- value the personal information entrusted to us and make sure we respect that trust;
- go further than just the letter of the law when it comes to handling personal information, and adopt good practice standards;
- consider and address the privacy risks first when we are planning to use or hold personal information in new ways, such as when introducing new systems;
- be open with individuals about how we use their information and who we give it to;
- make it easy for individuals to access and correct their personal information;
- keep personal information to the minimum necessary and delete it when we no longer need it;
- have effective safeguards in place to make sure personal information is kept securely and does not fall into the wrong hands;
- provide training to staff who handle personal information and treat it as a disciplinary matter if they misuse or don't look after personal information properly;
- put appropriate financial and human resources into looking after personal information to make sure we can live up to our promises; and
- regularly check that we are living up to our promises and report on how we are doing.

Pseudonymisation thinks privacy

There is an NHS and legal requirement which states that when patient data is used for purposes not involving the direct care of the patient then the patient should not be identified unless other legal means are in place, such as the patient's consent. A project called pseudonymisation has arisen from this legal requirement. Non-care areas that use patient data for secondary uses without patient consent will soon be working with effectively anonymised or pseudonymised data instead of patient identifiable data.

Access levels to patient data will be analysed and appropriately modified as part of this project. A new policy on the management of patient data for non-care purposes is being produced.

A pilot area will be chosen to test the new procedures. Formal consultation and communication will take place before implementing these changes trust wide.

Evelyn Walters, project manager
01473 329528
evelyn.walters@smhp.nhs.uk

Mark Halladay
Chief Executive

Letters and compliments

To Michelle Noakes

Case manager, IAPT East

I just wanted to say thank you for all your help, support and advice. It's helped me find myself again. Thank you so much.

To Syreeta Murrey

Case manager, IAPT East

You have been a big factor in helping me sort things out and have pointed me in the right direction at times when I could not see the wood for the trees.

You put me at my ease at a time when I didn't know where to turn and made me feel that I had your support.

The regular phone calls and self-help literature sent by post have all aided me in getting back in 'the groove'.

To Julie Piotrowski

High intensity worker, IAPT East

Thank you for all you have done for me. If it wasn't for you, I probably would still be lost and not knowing about the signs of depression and opening up about my past. Thank you so much for everything.

To Emma Twinley

Case manager, IAPT East

I just wanted to tell you how much I appreciate all the hard work you are putting in to help me.

I want to thank you especially for not judging me, for listening and for being friendly, yet professional.

You've helped me feel welcome and comfortable and you are helping me change my thoughts about myself and mental health in general.

I know if I wasn't getting your help alongside medication, I'd be struggling a lot more than I am now.

Our sessions help me get perspective, have someone else's input and, most importantly, have someone I can talk to.

All your continued support and therapy techniques are very much appreciated and they're helping me become the person I once was – someone who smiled and enjoyed life. Thank you so much.

To all the nursing staff and doctors on Southgate Ward, Bury St Edmunds

Wishing you all the best and hopefully I

won't see you all for a very long time (I mean this in the best possible way, of course!)

To the Bromswell Ward staff, Ipswich

You must be a very special type of person to undertake the medical care and patients on Bromswell Ward. I have sat and observed the way you carry out your duties and have been most impressed.

Keep up the good work. You are all doing a worthwhile and necessary caring job.

To the Northgate Ward staff, Bury

Thank you for everything you have done for me over the 72 hours.

To the Redwald Ward staff, Ipswich

I can't thank you enough for all the care shown to me.

To the Playford Ward staff, Ipswich

Growing in confidence and resting – just what Dr Black prescribed.

Although not able to thank everyone individually, please convey to Playford staff my heartfelt thanks for caring for me during my short stay.

To the Home Treatment Team

Thank you for being fantastic and for keeping me out of hospital. Sorry I was a bit of a monster.

To the Crisis Resolution and Home Treatment Team (West)

Thank you to the crisis team who came to us to look after J. The support you all gave was amazing and we are truly grateful.

I know it will take a while for J to get better, but meanwhile please pass on our sincere thanks to all.

To Leanne Allen

Sudbury CMHT

Thank you for all your help and support. I hope I get someone as good as you have been when I move.

To the Northgate Ward staff, Bury

Thank you for letting me stay and for all your help and support.

To Daria Skrzypek

Case manager, IAPT East

Thank you for the help and guidance over the past weeks. This is just a beginning, nonetheless it is an awakening and a realisation that I can, with time and effort on my part, begin to think of myself in a more positive light.

To Lucie Howlett

CAMHS intensive outreach

It's been a roller-coaster year since O had his first appointment with Dr Reeve last July and it's left an indelible mark on all of us. I've had moments of false optimism during this time that O has reached rock bottom and is on the way up, but I truly believe that the worst is behind us. This is to say thank you for your unfailing support for O and for us. I wouldn't have been able to cope without it. Best wishes and many, many thanks to you and Pearl.

To Dr Vicky Moss

CAMHS eating disorders team

I never got the chance to thank you for all the help you gave me at a difficult time. Since I last saw you, I am in a place I used to only dream about.

Gone are the days of disordered eating, excessive exercise and unhappiness. I'm now engaged to my partner and bought a lovely house.

I haven't been to the gym in years, which is a good thing for me, and I now eat completely normally – everything in moderation, as Mary used to say.

Thank you so much, because you played a huge part in helping me get to this happy stage in my life.

To Nina Bradley

CAMHS intensive outreach

Thank you for helping me when I felt that I couldn't cope.

One day I'm going to be strong enough to want to be happy and live.

You are a kind, loving person and I'm so glad I met a person like you to help me. You have given me courage to be someone that I like.

You have inspired me a lot – when I'm older I want to be a nurse looking after people in similar cases.

If you have a letter you would like to share through Trust Matters, send it to Nicola Brown, Suffolk House, St Clement's Hospital, Ipswich or email nicola.brown@smhp.nhs.uk Letters may be edited and will be anonymised to protect service users' identities.

EDITORIAL: If you would like to contribute a letter or article (and accompanying photo) for inclusion in the next Trust Matters please email it to helen.abbott@smhp.nhs.uk

If you want to discuss ideas about potential features or make a suggestion about improving the newsletter you can also email the above address or call Helen Abbott on 01473 329700.

The deadline for the November 2010 issue is October 16th.